

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743711 (4)

1. Corporation Name
BURGUNDY Q ASSOCIATION, INC.



Principal Place of Business: **PRIME MANAGEMENT GROUP INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487**
Mailing Address: **PRIME MANAGEMENT GROUP INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **07/25/1978**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1877792**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent
**RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEILER, ISIDORE	1.2 NAME	AGENT RAIBLE, RONALD
STREET ADDRESS	BURGUNDY Q 789	1.3 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEZSBUM, BESSIE	2.2 NAME	
STREET ADDRESS	BURGUNDY Q 803	2.3 STREET ADDRESS	400001808154
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	-05/06/96--01016--003
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLYWEISS, NATHAN	3.2 NAME	***857.50
STREET ADDRESS	KINGS PT. BURGUNDY Q 812	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELOFF, FRAN	4.2 NAME	TS BELOFF, FRAN
STREET ADDRESS	BURGUNDY Q 780	4.3 STREET ADDRESS	780 BURGUNDY Q
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOLLER, LOTTIE	5.2 NAME	D DEGENSTEIN, SAM
STREET ADDRESS	BURGUNDY Q 770	5.3 STREET ADDRESS	782 BURGUNDY Q
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINERMAN, MORRIS	6.2 NAME	
STREET ADDRESS	799 BURGUNDY Q	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

Handwritten notes: **3/28/96**, **9974045**, **3-14-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Isidore Seiler
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ISIDORE SEILER**

Date: **3/28/96**
Daytime Phone: **9974045**

CF2E037 (12/95)